



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
09 Custer		0172 Miles City Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	3	70	0.95	47	01/07/05	_____	_____
100	1	4	40	0.95	16	01/07/05	_____	_____



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County:		District:					District Level:	
09 Custer		0187 Kinsey Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	63	5	112.4	1.57	72	01/07/05	_____	_____
100	63	5A	112.4	1.15	52	None	_____	_____



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Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
09 Custer		0192 Custer County H S					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	1	119	1.15	57	01/07/05	_____	_____
100	1	2	98	1.15	54	None	_____	_____